STATE OF MARYLAND—	CERTIFICATE OF DEATH 05414
1. PLACE OF DEATH	93-20)
County Whenner	Registration, Dist. No. 333
Village or City Salisbury	No. 317 Miletall St., 13 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?rsmosds.
2. FULL NAME William Bowdow	V
(a) Residence: No. 3.0.7. Mitchell At. (Usual place of abode)	St., / 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Quag, / 48, M, 193 3 (Month) (Day) (Year)
5á. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.0 I HEREBY CERTIFY, That I attended deceased from
- and seem is a wind on the	July 25 1983, to aling 1, 1983
6. DATE OF BIRTH (month, day, and year)	Mast saw h elive on see 3, 19 3; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 1 2 2 m.
Work 62 or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	my vearchtes (Gents)
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) vear occupation coupation	
12. BIRTHPLACE (city or town) & Mow Hill	Other Coutributory Causes of importance:
(State or country)	V remain of along (meroly)
13. NAME Sout Sanow 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Mrs. W. P. Truitt (Address) 3/1 Witchell St. Salesbury.	(Specify eity or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2 Nice.	Manner of injury
Place I assured Claw. Date Mug 2 ,1933	Nature of injury
19. UNDERTAKER The Hill & Jolghison 3	24. Was disease or injury in any way related to occupation of deceased? 223
(Addiess) Salisbury Ma	If so, specify
20. FILED Mug 3, 1933 8. May Jumes	(Signed) M. D. (Address) Salush Tuny
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU V.B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23)
County Wromics	Registration Dist. No. 77 336
Village or City Dolmar	No. St., War
Length of residence In city or town where death occurred yis mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Clara Belle 73	rown
(a) Residence: No. Welman (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tall If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBANO OF Conard Brown	22. OHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 14, 1833	A lest saw h elive on A 14, 19-33; death is sal
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 11.30 Pm.
56 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
9 Trade profession or particular	Oate of onse
SAWYER, BOOKKEEPER, etc. 10/10/2011/2011	summery July 3
9. Industry or business In which work was done, as SILK MILL, SAW MILL BANK etc.	1
this occupation (month and 1933 spant in this life occupation life	
12. BIRTHPLACE (city or town) Delmar (State or country) Delmar	Other Contributory Canses of Importance:
13. NAME William Francy 14. BIRTHPLACE (city or town) Delman	Name of a six Name
(State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Betrou Williams	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Betsey Williams 16. BIRTHPLACE (city or town) Delman (State or country)	Accident, suicide, or homicide?Oate of injury
E (State or country) Delaware	Where did injury occur?
17. INFORMANT Queyndolin Burris (Address) Dolmary Dol	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Union Cometery Date (Ill), 2,5, 1933	Nature of injury
19. UNDERTAKER James F. Stewart (Address) 402 E. Charch St. Suli Md.	24. Was disease or Injury In any way related to occupation of deceased?
V 40 La. Church St. chus. 1100	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
				1		
		- 4				

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 08417
1. PLACE OF DEATH	207.2
County III exorego	Registration Dist. No. 99.3
Village or City Coleman 1990	St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in eity or town where death occurredyrsmo	
2. FULL NAME William Oscar &	houn
(a) Residence: No. & O. e	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Hale white, Storned	(Mggrh) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22. HEREBY EERTIFY, That I attended deceased from
(d) WITE of alleve Brown	an 12 1923 to an 12 1935
6. DATE OF BIRTH (month, day, and year) Prov 2 1879	I last saw h_ amalive on 2 12 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.4m.
53 9' 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Shoot from & Caldo
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILK, Calelonal	
11. Total time (years) this occupation (month and	
this occupation (month and year) during this 3 4	
12. BIRTHPLACE (city or lown) Salisfung	Other Contributory Causes of Importance:
(State or country)	Companiel committeeld fraction
13. NAME Good James Brown	Internal superus
13. NAME Josef James Brown 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis - Was there an au'opsy?
15. MAIDEN NAME alice ofishart	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Control Oate of injury 12, 1933
- (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Olive Diffuon (Address) & Celma 1 as	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Lower Low.	Manner of Injury Jan work
Place A. Cer Oate aug 14 , 1933	Nature of injury Sealds, conformed fraction; inches agent
19. UNDERTANER VILL 8. Market	24. Was disease or injury In any way related to occupation of deceased? 400
(Addiss) Jachner Karl	It so, specify Wes Engine of train wareful
20. FILED Mig 12 1933 Vr. May June	(Signed) M.D.
Registrar.	(Address) Ashirlang West
If more blanks are needed address State Peristran	acce N. Charles Street Palisman, P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 weck ago
July 5,1927	Peritonitis	3 days ago
W	other contributory causes of importance:	
May 925	Gustoenterus	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1923 Cast coenteritis

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 05415
1. PLACE OF DEATH .	122-2
County Merouse	Registration Dist. No.
Village or City Dalisbury, Thd	No Security Security Joseph (Name instead of street and number)
Length of residance in ofty or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Clayton S, Butter	
(a) Residence: No. Augow Will MM (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White married	(Month) (Day) (Yaar)
5a. It married, widowad, or divorcad HUSBAND ot	
(or) WIFE of M some & Gerlie Gutter	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) - ang 13 - 1894	I last saw h. A alive on Community of 1933; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated abova, at & A -m.
57 4/ 2/ 1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Trade profession or particular	were as follows: Date of standing of the Date of onset
Kind of work done, as SPINNER, Carpendre SAWYER, BDOKKEEPER, atc.	ashermal reselvely Devitation 8//33
kind of work done, as SPINNER, Casfault SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work wes dona, as SILK MILL, Brackly London SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town) Investor Co, 2001	Other Coutributory Causes of importance:
(State or country)	
13. NAME Lorenzas Ko Butter	
13. NAME Lovergas Kra Butler 14. BIRTHPLACE (city or town).	Name of operation alchement section Date of 8/4/23
(State or country) Mag	What test confirmed diagnosis? Wes there an autopsy? 2-0
15. MAIDEN NAME Frances Thillips	23. It death was due to extarnal causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury
(State or country)	Where did injury occur?
17. INFORMANT Of Hospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) falishing UM	
18. BURIAL, CREMATION, OR REMOVAL Place Date Oug 12-1933	Manner of injury
Place Date Date	Nature of Injury
19. UNDERTAKER Trans Y Lane	24. Was disaase or Injury in any way related to occupation of deceesed?
(Address) Show Hell, High	If so, spacity
20. FILED Mig 10, 1033 V. May Junes	(Signed) M. D.
Registrar.	(Address)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

AUAIS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should County / Registration Dist. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) CIANS Length of residence in city or John where death occurred. How long in U.S. if of foreign birth? statement mos.... 2. FULL NAME PHYSI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. QUIOR OF 5. SANGLE, MARRIED, WIDOWED, 21. DATE OF DEATH VORCED (write the word) (Month assified. 5a. If merried, widowed) or divorced HUSBAND of 22. CERTIFY That I attended deceased from (OE) WHILE OF 5 6. DATE OF BIRTH (month, day, end year) certificate properl 7. AGE Years Months Days If LESS than to have occurred on the date steted above at 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importence or min were es follows: 8. Trade, profession, or particular NO kind of work done, as SPINNER, Jo Cercolition SAWYER, BOOKKEEPER, etc OCCUPAT may back 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation that spent in this occupation ... instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME See FAT 14. BIRTHPLACE (city or town) Name of operation_ (State or country) plai carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: EATH Accident, suicide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods very OF WRITE Manner of injury AUSE mation NOIL Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) Registrar. (Address) __

BINDING

RESERVED

ARGIN

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Yeer)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	all to a series	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

(Year)

Date of onset

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II MEREAECE S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

1 DIAGE OF DESTIN	CENTIFICATE OF DEATH 18451
1. PLACE OF DEATH	222
County Mccanuco	Registration Dist. No.
Village or City near Saleshury Ing	No. St., S ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME many & Calling	,
(a) Residence: No. M. Salisbury, Ma (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR RACE OR DIVORCED (rupije tha word)	21. DATE OF PETH Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of James I Collins	1 HEREBY CERTIFY That I ettended deceased from
A DATE OF SUPER CO.	, 19 to 12 V 3 7
6. DATE OF BIRTH (month, day, and year) (mhraum) 7. AGE Years Months Days If LESS than	Vast saw have occurred on the date stated above, at 10.9m.
about 5 G 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased lest worked at this occupation (month and the control of the control o	(Onte Vanglating 1972
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O 10. Oate deceased lest worked at this occupation (month and year) spant in his occupation occupation	
S. 11:00	Other Contributory Causes of importance.
12. BIRTHPLACE (city or town) 1007 1000 1000 1000 1000 1000 1000 100	Jule Mayout 180
13. NAME Semuel Carline	
13. NAME Servel Carling 14. BIRTHPLACE (city or town) S raw Hills MA	Nama of operation
(State or country)	Nama of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Tane Carling	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jane Carling 16. BIRTHPLACE (city or town) S naw bill (State or complete town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) a meryland	Where did injury occur?
17. INFORMANT Salathe Collers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salishing ma RFD 4	
18. BURIAL, CREMATION OR BENOVALE C	Manner of injury
Place Date Ung 28, 1933	Nature of injury
19. UNDERTAKER A A PARALLO	24. Was disease or injury in any way related to occupation of deceased?
(Address) 500 Church St	If so, specif
20. FILEO lug 18, 1933 Salishury mg	(Signed) M. D.
V. May Justine Registrar.	(Address) also

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

V. S. No. 1

Ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUGZAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08422
1. PLACE OF DEATH	2:1
County Wicomico	Registration Dist. Np. 332
Village or City Pittaville, Md.	NoSt., Ward
Length of residence In city or town where death occurred 35 yrs. — mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,
2. FULL NAME TAL'OLI and I to A TOM	0 00:
19:44:00	Collins
(a) Residence: No. Illuville million (Usual place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male white widowed	(Month) (Day) (Year)
5a. If married, widowed es divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(as) WHITE OF Lillie Collins (July 10, 19 32, to , 19
6. DATE OF BIRTH (month, day, and year) Nanch 7 1860	last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	No have occurred on the date stated above, at 1: 3 0.P.m.
73 5 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance pate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	000000000000000000000000000000000000000
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and	V silverson / 1/30
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) 1 occupation 90 9	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) 14. Color country)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME Nation Cathell 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17 INFORMANT Veria Fruit	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Qaaqqa, Md	
18. BURIAL, CREMATION, OR REMOVA	Manner of injury
Place Date Org. 18, 1933	Nature of injury
19. UNDERTAKER UM. Howard balls (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug. 18, 1933 Lillian P. Davi	(Signed) (Address) M. D
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cercbral hemorrhage	July 5,1927	Peritonitis -	3 days ago
• -		TO TOO THE TOTAL CONTROL OF THE PARTY OF THE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	9	20
ulp	Registration Dist. No.	33
stuy	No. Ten yun Hospitaly	13 Ward
n where death occurred	death, occurred in a horpital or institution, give its NAME instead of street and the first how long in U.S. If of foreign birth?	
	A A	105us.
my oun Na	veryor	
(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
CE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	-
OR DIVORCED (write the word)	(Month) (Oay)	193 Z
-1	22. I HEREBY CERTIFY. That I attended	deceased from
Jan. 28-1933	53	جد 19
inths Jeys If LESS than	to have occurred on the date stated above, at 8.15. m.	:; death is said
2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rolated causes of importance	
ormin,	were as follows:	Date of onset
NER,	1040	71.1.153
L , T		
		-
11. Total time (years) spent in this occupation		-
S A A A A A	Other Coutributory Causes of importance:	
MITE	goloopy cough-	c/
Dane Lat	Cleus Colles	/13/3
e roce-coppy	Non-confirmation	
no,	Name of operation Date of Was there an	760
nce E' Henry	23. If death was due to external causes (VIOLENCE) fill in also the following	
200	Accident, suicide, or homicide? Date of injury	
710	Where did injury occur?	, &
all Daventont	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
nardela		
21 6 .00 75	Manner of Injury	
Mgbato mg 20 , 1933	Nature of injury	
saverol 4120	24. Was disease or injury in any way related to occupation of deceased?	مهر
Ingratour me	If so, specify	
3 & May June	(Signed) There & Marin	M. D.
Registrar.	(Address) Dolinly My	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For authorisation	FOR FURTHER STATEMENTS BY PHYSICIAN
	1 06

ccur		County We comes	- Peninsul	as General Hoskital Registration Dist. No.	733
should of OCC		Village or City Salisby	SU4	No. New Clarke Uve, St.	13 War
4 00		Length of residance in city or town whara daa		death occurred in a horpital of institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
PHYSICIANS oct statement	2	2. FULL NAME Hearry	Mr. Daguela	202	
YSI		(a) Residence: No. Meng	(Usual place of abode)	St., 9 Ward. If nonresident give city or town an	16
. PH Exact	-	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	d State
Exa	3.	SEX 4. COLOR OR RACE 5	or Divorced (write the word)	21. DATE OF DEATH & / 28	3
TL)		Male White	Married.	(Month) (Day)	(Yaar)
X A C T	5a.	If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Lillian	Davidson.	22. SA HEREBY CERTIFY That I ettender	I decaased fro
	6.	DATE OF BIRTH (month, day, and year)	arch 1. 1877	Hast saw hely aliva on 8/25 193	; death is sa
erly icat		AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at Selsem.	
stated E properly certificate		56 5	2.7 I day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
be so for the proof of	NO	8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at Salerman	la la lacter	1300
	OCCUPATIO	9. Industry or business in which work was done, as SILK MILL,	and and a a a a produce of the hand a ship had be to a	Je Can Mari	- / 3/200
_	CO	SAW MILL, BANK, atc	II. Total time (yaars)	acrete Carolia Fulant	1500
(m) +2 0	ŏ	this occupation (month and year)	spant in this		
oplied. AGE erms, so that instructions	12.	BIRTHPLACE (city or town) Dags.	boro	Other Coutributory Causes of importance:	
	~	(State or country)	Del:		
supplied n terms, ee instru	FATHER	13. NAME Hoarry	avidson.	Pac	
·= 00	FAT	14. BIRTHPLACE (city or town) (State or country)	ageloro	Name of operation Date of	
ully pla	ER	15. MAIDEN NAME & John	it lossonit	What test confirmed diagnosis! was there en	
	ОТН	16. BIRTHPLACE (city or town)		23. If death was due to axtarnal causas (VIDLENCE) fill in also the following Accidant, suicide, or homicide?	
be carried	×	(State or country)	, 4	Where did injury occur?	
PON	17.	INFORMANT Mrs. Lillians (Addrass) Salislans	S. Davidson	(Specify city or town, county and Str Specify whather injury occurred In INDUSTRY, in HOME, or in PUBLIC PI	ACE
shoul E OF is ver	18.	BURIAL, CREMATION, OR REMOVAL	2.30 P. M.	Manner of injury	
ion USE N		Place Lassony Com.	Data 1669.0-1-, 19.23	Nature of injury	
mation sl CAUSE TION is	19.	UNDERTAKER The Hill of (Address) Salisbur	tolmson co.	24. Was disease or injury in any way ralated to occupation of deceased?	50
(7)	20.	FILED ang 3/, 1933 6	May Junes Registrar.	(Signad) f f f f f f f f f f f f f f f f f f f	M.
		77	who are maded address San Barrier	N. O. J. C P. L P	

STATE OF MARYLAND—CERTIFICATE OF DEATH 08424

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 2 1900			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

193 3

(Year)

Date of onset

may

S. No.

BINDING

FOR

JARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLA	ND—CERTIFICATE OF DEATH 08426
1. PLACE OF DEATH	
County Wexamica	Registration Dist. No. 333
Village or City Salishing	No. 712 Lake St. 9 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 6.0yrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (innieg on of	cherren
(a) Residence: No. 7/2 Lake St. Sa. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	1
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W	
final colored OR DIVORCED (write	the word) (luc 3/ 1933
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I ettended deceased from
to get of the property	prioring of the Death 19
7. AGE Years Months Days	I fast saw h alive on the date stated above, et
chant Ga lay,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 01	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc.	Chronic Mignino 1912.
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	(Disignosis made
SAW MILL, BANK, etc.	from History of Coal)
	()
- 100 1	Dther Contributory Causes of importance
12. BIRTHPLACE (city or town) Prustland (State or country)	Cerebral Himorrhage Dec 195
13. NAME Joshua Jagman	
13. NAME Joshua Waynan 14. BIRTHPLACE (city or town) - Fruitling,	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Rachel Roberts	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Rachel Roberts 16. BIRTHPLACE (city or town) unanemy	Accident, suicide, or homicide? Date of injury, 19
(State or country) maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Searge Ducherson (Address) Scalishard mill	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDN, OR REMOVAL	Manner of injury
Place Salisling ma Dete Sept 3	, 19.23. Neture of injury
19. UNDERTAKER Chas. a. Purnell	24. Wes disease or Injury In any wey releted to occupation of deceased?
1 1-1 20 8 10	(Signed) M. D.
	Registrar. (Address) County Sugarfly &
If more blanks are needed, address St	ate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Dalle Ville

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Sala 2 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.1	23 199
County Willowillo	Registration Dist. No. 30,5
Village or City Salesleury	No. 34 9 St. Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 28 ds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No. 40 9 Mealer Sale	sburys, 5 Ward Louisville, Xy,
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city of town and State RS MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIG	
male a.a. or pivorced (write th	e word) / (Lung) 9, , , 193 3
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased for
1 14-	6 I last saw h 19 alive on All And 1, 19 33; death is:
	SS than to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Julinguary Suttreutorio
work was done, as SILK MILL.	from philips of for
10. Date deceased last worked at this occupation (month and spant in this	ma fragical feller
year) occupation	Other Contributory Charles Choortance:
12. BIRTHPLACE (city or town) Markamanne (State or country)	Manuals youth officers
13. NAME renking	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis X Count Constitute an autopsy?
15. MAIDEN NAME Confrage	23. If death was due to externel couses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of injury
in Mall . O Ce	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fullil form grd Date Rug 12	, 19_33 Nature of injury
9. UNDERTAKER JANA Slewast	24. Wes disease or injury In any way related to occupation of lecessed way Kee
(Address) Halisbury Con An	If so, specify O
11. 11 .212 (1.6/11/2016)	mey (Signed)
0. FILED Mig 1900 JF May Ju	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE	OF	MARYLA	ND-CE	RTIFIC/	ATE	OF	DEATH
	U .	**** ** * * * * * * * * * * * * * * *					

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U	0	4	6	0

1. PLACE OF DEATH			22
County Howolco		Registration Dist. No.	33
Village or City Lelman Le	I.	NDSt.,	Ward
Length of residence in city or town where death occurred		If death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
(D) (.	yrs,e_mo	now long in 0.5. If of foreign birth?yrs	mosas.
2. FULL NAME VChuca	Mough	oly	
(a) Residence: No. Lelland, Le	il DEZ	Ward.	
	place of ab(de)	If nonresident give city or town an	id State
PERSONAL AND STATISTICAL PAR 3. SEX 4. COLOR OR RACE 5. SINGLE. 1		MEDICAL CERTIFICATE OF DEATH	
The state of the s	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH	102 7
	med	(Month) (Day)	(Year)
5a. If married, widowed or divorced HUSBAND of	1. +	22. DHEREBY CERTIFY. That I attende	d deceased from
(or) WIFE of Jacob l. Leo	ugherry	Like 16 1932 10/20 7	193.7
6. DATE OF BIRTH (month, day, and year)	18/9	I last saw by a live on Aug 121 1933	2_: death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at	, 40411110 3414
64 6/ 0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 8. Trade, profession, or particular	ormin.	Henry gaster enterities	Date of onset-
Nind of work done, as SPINNER, At SAWYER, BOOKKEEPER, etc.	Home	THE THE WAY OF THE PARTY OF THE	- 3. Telan
9. Industry or business in which		4	
work was done, as SILK MILL, SAW MILL, BANK, etc.			
Date deceased last worked at this occupation (month and	tal time (years) spant In this		
year)	occupation	Other Coatributory Causes of impartance:	
12. BIRTHPLACE (city or town)		Aculo dibluhon of mered	7
(State or country)	sey	- ohn elists, to extreme head	^
13. NAME JOHN TOWN	refr		
14. BIRTHPLACE (city or town)		Name of operation	
(State or country) Au Jens	w.	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Janes Den	menin Ann	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Janey Ben 16. BIRTHPLACE (city of town)	1	Accident, suicide, or homicide? Date of injury	_
State or country) Herry	ml/	Where did injury occur?	
Harrist And	111,-	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate)
17. INFORMANT (Address)		- The state of the	LNOL.
18. BURIAL, CREMATION, OR REMOVAL	ind Brook &	Manner of injury	
Place Com Date Ou	7 , 1973	Nature of injury	
Will X Co- "	1.0	24. Was disease or injury in any way related to occupation of deceased?	N
19. UNDERTAKER (Address)	7	If so, specify	-4-5-5
0. 5 22 (-1)	1.01	(Signed) Although	M. D.
20. FILED MIG 3, 19 33	Registrar.	(Address) (Address for	(, D.
	//	and the state of t	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	1		•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example 1		Example II	
The principal cause of do of importance were as fo	llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECUIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 2 1933	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cause	es of importance:	123	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STHEAD V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 08431
1. PLACE OF DEATH	2 222
County Misconnece	Registration Dist. No. 333
Village or City Sali Shury	No. 80 / St. Mary St., 9 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Still form Ya	le.
(a) Residence: No. Pockawalkin, Ind.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sungle	21. DATE OF DEATH Aug 27, 193, 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(0) 111201	19 19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and yeer) lug 27, 1933	I last saw h; deeth is said
7. AGE Years Months Oays If LESS than 1 day Ars.	to have occurred on the date stated above, at 1.30 m.
or	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Por 1 to 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	com sign moune
work was done, as SILK MILL, SAW MILL, BANK, etc.	and the same of th
10. Date deceased last worked et this occupation (month and year)	Still born.
yeary oc:upanon	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Salls Willy (State or country)	
1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	xuunowu.
14. BIRTHPLACE (city or town) Bockarialbin	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Lille Jackson	23. ff death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) And	Where did injury occur?
17. INFORMANT Squal Sterrart (Address) Jakobury Ind	(Specify city or town, county and State) Specify whether injury occurred in fNOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL EREMATION, OR REMOVAND . 18 29	Manner of injury
Place 1 Chanalkin Date Mig to , 1930	Nature of injury
19. UNDERTAKER James Gale Jacking /	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED Dug 28, 1933 D. May Lines Registrat.	(Signed) J. May James Registron
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Registration Dist. No. 333
No. St., Ward
eath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Aug 30 (Month) (Oay) (Year)
22. HEREBY CERTIFY, That I attended deceased from
1 2 20 73
to have occurred on the date stated above, at
The PRINCIPAL CAUSE OF DEATH and related causes of Importance
were as follows:
Atta III - Inn
The state of the s
a Fi al a god
the contraction of the contracti
Other Contributory Canses of importance:
Miknow
Name of operation
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Oate of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury
24. Was disease or Injury In any way related to occupation of deceased!
(Signed)
(biglieu)
2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Jo pluods County Myonul Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.___ Length of residence in city or town where death occurred If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DINORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at 2 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 70 or min. Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, (Jo SAWYER, BOOKKEEPER, etc., OCCUPATI may back 9. Industry or business in which work was done, as SILK MILL. pluods SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (veers) this occupation (month and spent in this that occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) plain Name of operation. (State or country) carefully What test confirmed diagnosis?_ ----- Was there an autopsy? MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?______ Date of injury______, 19. 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnous 18. BURIAL, CREMATION, OR BEMOVAL Manner of injury CAUSE 24. Was disease or injury In any way related to occupation of deceased? (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

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10.—The month and year the deceased last worked at the occupation.

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	Example I		Example II	
	cause of death and related causes were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronie interstita	ial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrh	age	July 5,1927	Peritonitis	3 days ago
Other contribu	story causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	A STATE TO S	OR FURTH	ER STATEMENTS BY PHYSICIAN	

	of infor-	ld state	CUPA-	
	tem o	shoul	of 00	1
	J. Every i	SICIANS	atement of	1
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IARGIN	UNFADIN	upplied. A	terms, se	Sundanie de
	WITH	refully s	in plain	Some Con
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TON in white the continue of the boat of contification
To. 1	WRITE	mation sl	CAUSE	TION:
V. S. No. 1	N. B		(T

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF, DEATH	46 (28434
County Micomico	Registration Dist. No. 333
	" (Rofe A)
Village or City Salutury, M. (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sorting Hall	
0 10 - 10 . 6 1	OI W-J
(a) Residence: No. Sallies Fund (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Mrs 16 1933
5a. 4 marriad, widowad, or divorcad	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(VI) WIFE OI Francis Hall.	, 19, to, 19,
6. DATE OF BIRTH (month, day, end yaar) Love. 11855	I last saw h and alive on Ang 16 1953; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
77 8 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada profession or particular	Wara as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oata deceased, last worked at this occurrence month and spant in this	Caremona of slower 2 22
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Oata deceased last worked at 11. Total time (years)	
o this occupation (month and this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Tremday Carenna of
13, NAME Ocumble Hall	hour + coma. 2 mm
14. BIRTHPLACE (city or town)	Name of operation Oata of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charlet Plant 16. BIRTHPLACE (city or town)	23. If death was dua to extarnal causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida?Oata of injury, 19
State or country)	Whara did injury occur?
17. INFORMANT Francis Hall	(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Saleskans Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington D. Coate any 18, 1933	Natura of Injury
a march of the state of	24. Was disease or injury in any way related to occupation of decaesad? 24
19. UNDERTAKER (Addiass)	If so, specify
0 14 22 01 1	(Signad) 17.63 ncl M.D.
20. FILED Mig 17, 1933 D. May 1 Registrar.	(Address) Advisas Pol
, aceptorare	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Market Market	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- A V 9			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08435
1. PLACE OF DEATH	82-0)
County floomier	Registration Dist. No. 2330
Village or City Leelman peel	No. St., Ward
to by a second first transfer to the control of the	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Masley Elmer Haste	igs
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white married	(Year)
5a (It marriad, widowad, or divorced HUSBAND of (or) WIFE of Sallis Hashings	22. I HEREBY CERTIFY. That I attended deceased from 22, 1933, to 123, 22, 1933.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 13
11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	were as follows: Calland Armershap 3 novel
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year)	
12 DIDTHDI ACE (Aity or town)	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	In historia
13. NAME Grayl Hastings	Jan Comment of the
14. BIRTHPLACE (only or town)	Name of operation Date of
(State or country) Doldyse	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sleamor Jenkins	23. If daath was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicIda? Date of Injury, 19
(State or country) Nollefred.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sellie Hantings (Address) Jelman sellie Hantings	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place The Date any 24, 1933	Nature of Injury
19. UNDERTAKER / LL . Maryl (Address)	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED ang-24th 33 Harry E. Hudson Registrar.	(Signed) / Company M. D. (Address) Amage Ad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 08436
1. PLACE OF DEATH	<u> 54d</u>
County // Come o	Registration Dist. No. 1333
Village or City Jalustury	No. P.D. Hregard St., 13 Ward
Length of residence in city or town where drath occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME / Pallin J. Hayma	<i>y</i>
(a) Residence: No.526 / (Usual place of abode)	ugt, /3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR JACE 5. SINGLY, MARRIED, WIDOWED OR DIVERCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Obseq. /7. (Month) (Day) (Year)
HUSBAND of Ethel M. Hayman	22 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) time 114. 1889	Mast saw h A alive on Ay 17 19 33; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 17m.
44 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Results of the first of the fir
9 Industry or business in which work was done, as SILK MILL, SAW MILL BANK, etc.	and Brombustan \$15/3
10. Dato deceased last worked at this occupation this year)	Benign glioma; left contest, Duration, sex mostles
12. BIRTHPLACE (City or topp) Fruitland	Other Contributory Causes of importance:
(State or country) Mayland.	Alema benga colds. 17
13. NAME Stychus Hayman 14. BIRTHELACE (city or town) Full lange	Intercremal Hyperleuse
14. BIRTHELACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME CManya // Juscept	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Manya) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN Charles of Jackets Mich	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMAYALO Place Discours Com. Date Queg 120, 19 33	Manner of injury
19. UNDERTAKER Hollowy of Co. (Address) Salishy Mayland	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Aug 20, 103B & May Jumes Registrar.	(Signed) M. D. (Address) Salar M. D.
If more blanks are world address South Domina	

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Example 1	- i	Example 11	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKATI V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH	82:a)		
County Wicomico	Registration Dist. No. 333		
Village or City Fruitland Md	No. St. 6 Ward		
2 (If	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred 4 yrs. 7 mos	ds. How long in U.S. if of foreign birth?yrsds.		
2. FULL NAME Mallace Toymon	Games		
(a) Residence: No. / Mulling (Usual place of abode)	St., (b) Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH TIER LAND 197		
Calored OR DIVORCED (write the word)	(Month) (Day) (Year)		
5e. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Husband of Lucy Panes	22. I HEREBY CERTIFY, That I attended deceased from august 15 1933 to august 17 1933		
6. DATE OF BIRTH (month, day, and year)	I last saw h Lius elive on august 17, 1933; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 29_m.		
43 3 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8 Trade profession or particular	Oate of onset		
SAWYER, BOOKKEEPER, etc.	Cerebral hemorrhage 8/15/3		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et 11. Total time (years)			
10. Oate deceased last worked et 11. Total time (years)			
this occupation (month and spant in this occupation			
12. BIRTHPLACE (city or town) Frutland	Other Contributory Causes of importance:		
(State or country) manylane			
14. BIRTHPLACE (city or town) 7 millions			
14. BIRTHPLACE (city or town) 7 Kullens	Name of operation Date of		
(State of country) Many Lund	What test confirmed diegnosis? Was there an au'opsy?		
16. BIRTHPLACE (city or town) 7	23. If death was due to external causes (VIOLENCE) fill in also the following:		
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
State of country) many comp	Where did injury occur?(Specify city or town, county and State)		
17. INFORMANT CAME ACTION (Address)	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION OR REMOVAL	Manner of injury		
ColoPlade MF Com Date Mug 20 1933	Nature of injury		
19. UNDERTAKER Chan a Purnell	24. Was disease or Injury In any way related to occupation of deceased?		
(Address) Saleslury, mas	If so, specify		
20. FILEO Aug 15 00 Church 8 1	(Signed) (L. D. 1310 WML M. D.		
20. May full Registrar.	(Address) - Salis bury, Md.		
If more blanks are negled, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.			

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week aga
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46)
County Wicomico	Registration Dist. No. 332
Village or City near) Pittsuille ma	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Charlie R. L.	irid
(a) Residence: No. Bittaville md. R.F.	D. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBANO of	21. DATE OF DEATH (Mighth) (Ody) 193 3 (Yeer) 22.
(or) WIFE of Carrie (Lewis	Chry / 1933 10 Chry 74 1933
6. DATE OF BIRTH (month, day, end year) 3/18/96	I last saw hai afive on Chang 24 [], 1933; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebov Cat / 240 P.m.
37 5 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER,	Meliopersmel
SAWYER, BOOKKEEPER, etc.	Lestilymus
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) la	Other Contributory Causes of Importance:
II 13. NAME Solas J. Lewis;	
14. BIRTHPLACE (city or town)	Neme of operation Date of
1 (State of Country)	What test confirmed diegnosis?
15. MAIOEN NAME mary & Truett	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:
15. MAIOEN NAME M AND SE TOURS OF SEASON OF SE	Accident, suicide, or homicide?Dete of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT S. L.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Menner of Injury
Place Oate Oate 1923	Neture of injury
19. UNOERTAKER C. 21. 21 also to the control of the	24. Wes disease or Injury In any wey related to occupation of deceesed?
20. FILEDULA, 26, 1933. Fillian P. Davis	(Signed) M. O. (Address) Mill love All
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUBPAU V. S.			
Other contributory causes of importance:	sloon)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0843	9
1. PLACE OF DEATH.	119	2
County Mcconico	Registration Dist. No.	3
Village or City 2000	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and number.	_Ward
	the long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Role and Mule	ne.	
(a) Residence: No. Q. Com mai	St., 7 Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (wyine the word) The second of the word)	21. DATE OF DEATH (Month) (Oay) (Your Coay) (Your Coay)	S (ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decease Quild. 2 19 33 to Pleas 3 19	pd from
6. DATE OF BIRTH (month, day, and year) 12-1932	Hast saw hillm alive on Que a 2 rd 493 2 death	روت. ا
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 15 36 m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
* Trade, profession, or particular kind of work done, as SPINNER,	Oate	of onset
SAWYER, BODKKEEPER, etc.	Melen Tille	~
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	3	0
O 10 Date deceased last worked at 11 Total time (years)	3	12
this occupation (month and spant in this occupation		9
12. BIRTHPLACE (city or town) allen	Other Contributory Causes of Importance:	1.1
(State or country) Mayland	- Clean I	13
13. NAME Salies Parafin		
13. NAME Sarle Tarsfur 14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diagnosis	7.70
15. MAIDEN NAME Com. Margare	23. If death was due to external causes (VIOL ENCE) fill In also the following:	-
15. MAIDEN NAME (State or country) a	Accident, suicide, or homicide? Oate of Injury	9
(State or county)	Where did injury occur?	
17. INFORMAN Ushlang f. Major	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) allen mayand.		
18. BURIAL, CREMATION, OR REMAND, Oat aug 4, 1933	Manner of injury	
19. UNDERTAKER Holloway + 6 (Address) Saluthy Maryland.	24. Was disease or Injury In any way related to occupation of deceased?	٠
20. FILED Aug 7, 193B V. Whay June Registrar.	(Signed) A SULLE CO	. M. O
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocuteritis	1 year

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BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	121
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08441
1. PLACE OF DEATH	48)
County Williamself	Registration Dist. No. 3.3.2
Village or City Mannier Sel MA	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME And Blanche Mes	dieto
(a) Residence; No. Marticopic	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female Wall merried	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of A anily Wir Messey	grely 16 1533, 10 aug (1933
6. DATE OF BIRTH (month, day, and year) about 28 1872.	I last sew h alive on 33; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date saled above, at 122 -m.
6/ 3 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Cacamina fuclia Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife	0
9. Ipdustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
O TO. Date deceased last worked at II Total time (years)	
o this occupation (month and year) spent in this occupation 22-74	1. J
I lana Mel	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town)	- Way
II 13. NAME James (Palerlagn)	
13. NAME AME AME AME AME AME AME AME AME AME	Name of operation Remark of Second of 7/17/33
(State or country)	What test confirmed diagnosis? Descendence Was there an autopsy? 24
IS. MAIDEN NAME STERRY & Relations	(23. If death was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
E (State or country)	Where did injury occur?
17, INFORMANT Maniel ellessies	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Passicrako	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Folkille CV 9 Date Carry , 1903	Nature of injury
19. UNDERTAKER Along to Messech & Sout	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Quivalue of of	If so, specify
20. FILED CALLES V, 193 3 P. Wood fow Wal	(Signed) M.D.
Registrar.	(Address) Juliohing Lead
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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<u> </u>			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	troenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH

onlo OC	County / Macone	Registration
short f C	Village or City	No. 5/3 Roger
= 0		death occurred in a hospital or institution, give its NA
	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?
CORD. Every PHYSICIANS ct statement	2. FULL NAME defair (MXLd 2)	till rouse mother
D. SI	(a) Residence: No. Mr / Jumen has	St., Ward.
	(Usual place of abode)	If nonreside
RECORD . PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
E . E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
L	(Male hhit Single	(Month)
NE T C T	5a. If married, widowed, or divorced HUSBAND of	
A C assift	(or) WIFE of	22. I HEREBY CERTI
RM X cla	Bria 17-1022	, 19, to
PE Iy	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
IS A Pl stated I properly certificat	7. AGE Years Months Days If LESS than 1 day. hrs.	to have occurred on the dete stated above, et
IS stat pro	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	The PRINCIPAL CAUSE OF DEATH and related ca were as follows:
20	8. Trade, profession, or particular kind of work done, as SPINNER.	
HIS be	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Trematur 180
ould may hack	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this correction (month and	
3C .C	10. Date decesed last worked at 11. Total time (years)	(2 m
E E T O	this occupation (month and spent in this occupation occupation	
NFADING I oplied. AGE erms, so that instructions o	O / l' occapation	Other Contributory Causes of Importance:
Se se icti	12. BIRTHPLACE (city or town)	
FA ied.	(State or country)	
UNFA supplied t terms, ee instri	13. NAME & Munay Walston	
H U sul	14. BIRTHPLACE (city or town) Mentine Co. Und.	Name of operation
F . P . 60	(State of country)	What test confirmed diagnosis?
WIT efull in pl ant.	15. MAIDEN NAME Gachael mills	23. If death was due to external causes (VIOLENCE)
INLY, WI be careful EATH in primportant.	16. BIRTHPLACE (city or town) Are commer Co hur.	Accident, suicide, or homicide?
VIL.	∑ (State or country)	Where did injury occur?
	17. INFORMANT By chal Mills	(Specify city Specify whether injury occurred in INDUSTRY, In
	(Address) Int Hermon, Md.	, , , , , , , , , , , , , , , , , , , ,
Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
ITE on s SE N is	Place family 14 Date (mg /2, 197)	Nature of injury
-WRITH mation s CAUSE TION is	Real 1/h hallet	
TCH	19. UNDERTAKER fact for any children	24. Was disease or injury in any way related to occ
m ⁱ	B. 12 22 0 1 1 01	If so, specify
ż	20. FILED Meg 12, 1923 V. May June	(Signed)

STATE OF MARYLAND-CERTIFICATE OF DEATH on Dist. No. ME instead of street and number) ______yrs._____mos._____ds. ent give city or town and State TE OF DEATH FY, That I attended deceased from , 19.....; death is said auses of Importance Date of enset ----- Date of ---------- Wes there an autopsy?____ fill in also the following: __ Date of injury_____, 19____ or town, county and State) HOME, or In PUBLIC PLACE. upation of deceased?.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

County Co	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City Village or City Village or City Village or City Langth of residence in city or form where death occurred 20 yrs Mon. 2. FULL NAME (a) Residence: No. Dillated and City of Lower and State of Lower and Lower	1. PLACE OF DEATH	(0)44.)
Village or City	County //	
Length of residence in city or lown where death occurred \$0.5 yr		
2. FULL NAME (a) Residence: No. Delegate of shock of the part of	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
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	20, FILED Aug 8, 1933 V- May June	(Signed) / / Ly uch M.D.
	The state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S.	V. S. No. 1	MARGIN	MARGIN RESERVED FOR BINDING	FOR I	SINDING	XX	
N. E	WRITE PLAINLY, W	ITH UNFADIN	G INK-THIS	IS A P	ERMANENT	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	-roju
(mation should be carefu	lly supplied.	4GE should be	stated	EXACTL	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	state
T	CAUSE OF DEATH in	plain terms, so	that it may be	properly	classifiéd.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	PA-
)	TION is very important. See instructions on back of certificate.	. See instruction	ons on back of	certificat	e.)	

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	111
1. PLACE OF DEATH		(12)	111
County Llucame	eo-	Registration Dist. No. 33	
Village or City felica	~	No. St.,St.,St.	
Length of residence in city or town who	re death occurredmos	sds. How long In U.S. If of foreign birth?yrsr	mosds
2. FULL NAME July	6 W Marsio		
(a) Residence: No. Fill	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 1. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day)	., 193_ 3
#Ba. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attended August 16 1953 to August 3	d deceased from
6. DATE OF BIRTH (month, day, and year)	Val 10 1926		death is sai
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 12-20 m.	10.32
7 4	10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	1
8. Trade, profession, or particular	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wren in	Date ot onset
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Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	001 0 -10	Chronic End or and it is several year	2012.
SAW MILL, BANK, etc	alhool gu	- viue	0,000
this occupation (month end	11. Total time (years) spent in this occupation	Cannot tell what disease condition.	
52.0	occupation	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) File (State or country)	and		
6 -	m	-	
13. NAME Farlon 14. BIRTHPLACE (city or town)	Horses		
14. BIRTHPLACE (city or town)	lleson	Name of operation Date of_	
(State or country)	and	What test confirmed diagnosis? Wes there an	autopsy?
15. MAIDEN NAME	« Picles	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME 16. BIRTHPLACE (city or town).	rantico	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	md	Where did injury occur?	
17. INFORMANT Hallon (Address)	morris	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, DR REMOVAL PIECE Smanle Color	and Sefet 1 , 19 33	Manner of injury	
19. UNDERTAKER AND THE STATE OF	was and	24. Was disease or injury in any way related to occupation of deceased? If so, specity	0
20. FILED. Cing 130, 1933.	mg In Wallace Registrar.	(Signed) William Bruned (Address) Helone - md.	м. о
() If m	ore blanks are needed, address State Registrar		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 08445
1. PLACE OF DEATH	
county Wycomico	Registration Dist. No.
Village or City Salesbury Maryland	No. St., 3 Ward
Length of residence ipacity or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME/Vilsie E. Morriso,	
011 Hall Itall. Med	C4 Ward
(a) Residence: No.// (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female White married	(Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBANO of	22 LUEDERY CERTIEV That Latherted formed from
(or) WIFE of Mu Welles Morres	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 6, 1907	Hast saw h Malive on any 6 , 19 3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 3.53 Pm.
2 6 years 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8. Atade profession or particular	Carolalhuistis Reute - Canac Oate of onset
kind of work done, es SPINNER, Housewefe	Inhum
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specified in this occupation (month and speci	
SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year) year)	
ne P - 11'14	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Genmal Justintes (Certy)
	Jum sufficient
I Men A Pray 11 '11.	Name of operation abdumal archim Date of 8/6/33
(State or country)	What test confirmed diagnosis? Chinese Was there en autopsy? Les
# 15. MAIDEN NAME Fillian Brown 9171	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Mea Ming Hill.	Accident, suicide, or homicide? Date of injury 19
State on country) 16. BIRTHPLACE (city or town) (State on country)	Where did injury occur?
Wellie Mohins O. I	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) / 19. # 2 / Statelle / M	
18. BURIAL, CREMATION OR REMOVAD	Manner of injury
Piral films am . Oaklug . 1933	Nature of injury
19. UNDERTAKER Holloway & Co.	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Alaman Mandard A	If so, specify
20, FILED Aug 8, 1933/ & Ishy Junear	(Signed) Allegare M. O.
Registrar.	(Address) Sulishing held
If more blanks are needed, address State Revistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

(Year)

Date of onset

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V STREAM V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	>

1. PLACE OF DEATH County Alloward County Alloward County Alloward States and another of the state of the sta	STATE OF MARYLAND—	-CERTIFICATE OF DEATH U8447
Village or City. W. Sallaraury No. Length of residence in city or town where death accurred. D. yrs	1. PLACE OF, DEATH	948
Length of residence in city or town where death occurred. So, yrs	County Thursauce	Registration Dist. No. 333
Length of residence in city or town where death occurred of the control of the co		
2. FULL NAME (Month) (Qualified of about) St., 5 Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OB, RACE OR BYORCEO (Grammeth word) 5. If married, widowed, or divorced word (or) will of or	Length of residence in city or town where death occurred 50 yrs where	
(a) Residence: Notable and Countries of the control		liste-t
PERSONAL AND STATISTICAL PARTICULARS J. SEX. J. COLOR OB. RACE OR DATOCRED (garie the word) OR DATOCRED (garie the word) So. If married, widowed, or divorced HUSBAND HUSBAND DATE OF BIRTH (month, day, and year) J. LI STATE OF BIRTH (month		CA 5 Ward
3. SEX		
OR DYBREED (parie the world) So. If married, widewed, or divorced (though) (North) (North)		MEDICAL CERTIFICATE OF DEATH
5. If married, widowed, or divorced HUSARD 193 to		(lug, 18, 1933,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthys 8. Trade, profession, or particular kind of work done, as SPINNER. SAVER, BOUNKEPER, etc. 11. Total time (years) SAVER, BOUNKEPER, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name Other Coutsbutery Causes of importence: What lest confirmed diagnosis? What	HUSBAND of	
7. AGE Years Months Doys II LESS than 1 day	(or) WIFE of	Children in the rest of the standard deceased from the standard decease
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, AND NAME OF MAYER, BOUNKEPER, etc. 9. SAWER, BOUNKEPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAXION, BR REMOVAL Place 19. UNDERTAKER 19. JUNDERTAKER 19. JUNDERT	6. DATE OF BIRTH (month, day, and year) July 5. 1883.	I last saw h alive on 18 1933; deeth is sai
8. Trade, profession, or particular sind of worders and state and causes of importance were as follows: SAW WILL, BARKER, BOKKEEPER, etc.		
8. Irade, profession, or particular stands of the stands o	6/1	ware as follows:
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Mulling 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) Acute of country Other Countributory Causes of importance: Other Countributory Causes	8. Trade, profession, or particular kind of work done, as SPINNER,	10 - 1A D + 0 -
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. Was there and evipty 19. UNDERTAKER (Address) 10. Other Countributory Causes of importence: Other Countributory Causes Other Causes of importence: Other Countributory Causes Other Causes of importence: Other Caus	SAWYER, BOOKKEEPER, etc.	Coursellow Tour 9/8/
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Mulling 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) Acute of country Other Countributory Causes of importance: Other Countributory Causes	work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, BR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 11. MAIDEN AGE (City or town) (State or country) 11. INFORMANT (Address) 12. BURIAL, CREMATION, BR REMOVAL Place (Address) 13. NAME Name of operation Nhat test confirmed diagnosis? Was there an eu'opsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to eccupation of deceased? If so, specify (Signed) M. I	spant in this	
What test confirmed diagnosis? Was there an eu'opsy? 15. MAIDEN NAME CONTAIN CARRIED MULDS 16. BIRTHPLACE (city or town) (State or coupl'ry) 17. INFORMANT CARRIED M. CLIB CARRIED Specify whether injury occurr? (Address) 18. BURIAL, GREMALION, OR REMOVAL Place Carried Date Strolds, 19. 19. UNDERTAKER ARE SALVANDE DATE STROLDS OF THE STROLDS OF T		Other Coutributory Causes of importence:
What test confirmed diagnosis? Was there an eu'opsy? 15. MAIDEN NAME COND CARRELL MILLS 16. BIRTHPLACE (city or town) (State or couplry) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Carrell Ca	13. NAME Minas II. Oliphan	James Dan 8/3/3
15. MAIDEN NAME Control (archive) 15. MAIDEN NAME Control (archive) 16. BIRTHPLACE (city or town) (State or couplry) 17. INFORMANT (Address) (Specify city or town, county and State) (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) (Address	14. BIRTHPLACE (city or town)	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Control of the Date of the D		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Place Charles And Date Syro/33, 19 Nature of injury 19. UNDERTAKER And Share And Sh	16 RIPTHUI ACE (city or town)	
17. INFORMANT Add Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place C. Application of Date 8/70/33, 19 Nature of injury 19. UNDERTAKER Address) (Address) 19. UNDERTAKER Address) 19. UNDERTAKER Address (Address) (Address) (Signed) Manner of injury Nature of injury (Signed) Manner of injury (Signed) Manner of injury Nature of injury (Signed) Manner of injury (Signed)	(State or couply) Thuyland	
Place Cliffing 1 Date 8/70/33, 19 Nature of injury 19. UNDERTAKER JAP JULY OF AAAN 6. (Address) Like Lucy Mary Language (Signed) 20. FILED Lucy 20, 1933 4. Mary Lucy (Signed)	7	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. UNDERTAKER JAB THILLY MEASON 6. (Address) Salicabury M. S. 24. Was disease or injury in any way related to secunation of declased? If so, specify (Signed) M. I	10.11. In 1 8/1/23	
20. FILED Aug 20, 1933 & May June (Signed)		24. Was disease or injury in any way related to seemation of deceased?
	20. FILEDO	

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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08448
1. PLACE OF DEATH	(3)
County lleilomela	Registration Dist. No. 333
Village or City Saluleury Ind	No. 402 6. Church St. 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (M. Spent	L
(a) Residence: No. 402 & Church 1st Dollahu	Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH COLOR
OR DIVORCED (write the word)	<i>WWG WAY</i> 1 193 3
As. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Geo Spence	22. I HEREBY CERTIFY, That I attended deceased from
	luguer 16 1932, to aliquet 1, 1938
6. DATE OF BIRTH (month, day, and year)	I last saw h. A. alive on august 1,193 ; death is said
7. AGE Ohe Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
O	were as follows:
8. Trade, profession, or particular kind of awork done, as SPINNER, SAWYER, BDOKKEPER, etc.	The state of the s
SAWYER, BDOKKEEPER, etc.	Chronic Interspetial Reptinto 1932
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at 40 LL 11. Total time (years) 12. Total time (years)	
10. Date deceased last worked at 1911 11. Total time (years) spant in this occupation (month and	
year / 9-13-2 occupation floring	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Salfas (grad	Defice Codulatery Causes of Importance.
(State or country) and	
13. NAME James Morris	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary - Morris	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James J. Slewart	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 402 E. Church St. Jalia Mel. 18. BURIAL, CREMATION, OR REMOVAL	
Place Flass + sile le con Date Org 6 19 33	Manner of injury
0 9711-	Nature of injury
19. UNDERTAKER Jack Stellstagt (Address)	24. Was disease of injury in any way related to occupation of deceased?
(numers) / Salestang mgt	If so, specify
20, FILED Mig 0, 19 99 8. May hume Registrar.	(Signed) (Address) Salisbury Md.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL	OF MAR	KYLAND-	CERTIFICATE OF DEATH 18449		
1. PLACE OF DEATH			210°m		
County Hi Comico			Registration Dist. No. 333		
Village or City Sulistan	7 /	9. Hoop	olaho. St. 13 W		
Length of residence In city or town where	dooth cooursed	(I	If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? vrs. mos		
9	Power occurred	yrs	sds. How long In U.S. if of foreign birth?yrsmos		
2. FULL NAME Jeogra	de of	ude	Tra- 1.0, -7, 1		
(a) Residence: No.	(Usual plac	e of abode)	St., Ward. Obsumble Liky Letter State If nonresident give city or town and State		
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE			21. DATE OF DEATH		
Female White	or Divorc	ED (write the word)	Clery 4 , 193		
		<u> </u>	(Month) (Day) (Year		
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Spide			22. HEREBY CERTIFY, That I attended deceased		
			1932, to 27 4 , 193		
6. DATE OF BIRTH (month, day, end yeer) C 7. AGE Years Months	toper 8	If LESS then	I last saw h. alive on		
48 9	27	1 day,hrs.	to have occurred on the date stated above, \$1.2m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular	61	ormin.	were as follows:		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewi	fe	Compound govern the god ling		
9. Industry or business in which	110.0.0.0.17.11.		O. L. I Marcelland		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Housewife 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at Aug. 3 this occupation (month and 1933. spant in this year) occupation. Life			ills Daniel		
		time (yeers)			
year)	22.e_[0C	cupationLLLE	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) Girdletree			Short		
(State or country) Maryland					
13. NAME Charles Pruitt 14. BIRTHPLACE (city or town) Worcester County					
14. BIRTHPLACE (city or town) WOTO		ounty	Name of operation 2000 Date of		
(State of country) March	rland.		What test confirmed diagnosis? Was there an aulopsy?		
15. MAIDEN NAME Laura Ward			23. If death wes due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Laura Ward 16. BIRTHPLACE (city or town) Worcester County		ounty	Accident, suicide, or homledge? accident Date of injury any 3, 19 8 5		
- (State of Country) A.I.	ryland		Where did injury occur? Assartil - Latic fact Mad (Specify city or town, county and State)		
17. INFORMANT Frank Spide		2 2	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.		
(Address) Pocomoke City, Maryland,		Tand.	the life of the solution		
Place Pacemation of Removal Cem Aug 6th 1933		6th 1933	Manner of injury Allustifly Granding		
Place Pocomoke City	774		Nature of injury Co. all you		
19. UNDERTAKER OCOMOKE City, Maryland.		nd	24. Was disease or Injury in any way releted to opening tion of deceased?		
0 1 4 4	11. n.	01	If so, specify Orally Orally Orally		
20. FILED Mg 3, 1933	D. VIII	Registrar.	(Signed) July 2004		
If mor	e blanks are needed	address State Registrar			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARYLAND

Form V. S .- 1 A.

COPY OF CERTIFICATE OF DEATH

STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics

(NOTE—This is not a legal document)

I. PLACE OF DEATH-	
1 County Ne com co	Registration District No. 335
County De La A	ACGISTIATION DISTIRCT NO.
City or town hospitary P.D.	No. , St., Ward.
2. FULL NAME— P	
Lucy & Xhangry	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX— 4. COLOR— 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED—	16. DATE OF DEATH—
7 De Coll Sound of Minds and Alan	(Month) (Day) (Year)
The on plant	17. I HEREBY CERTIFY, That I attended the deceased from
DATE OF BIRTH—	1025 10 1033
4 4 7901	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(Month) (Day) (Year) 7. AGE— Years Months Days If less than	that I last saw har alive on
16 2 6 2 11 I dayhrs.	and that death occurred on the date stated above atm.
ormin?	The CAUSE OF DEATH was as follows:
8. OCCUPATION— 4 1010 AD	Dementes Tractox
(a) Trade, profession, etc	
(a) trade, protession, etc	
(b) General nature of Industry	(Duration)
9. BIRTHPLACE	
Velann	Contributory Secondary
10. NAME OF FATHER	
a sianain	(Signed) J.J. Tulple M. D.
II. BIRTHPLACE OF FATHER—	Set 5 1033 (Address) Manploon nel
12. MAIDEN NAME	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients
OF MOTHER— CHARLES AMUS	or Recent Residents)-
I3. BIRTHPLACE	At place In the of deathyrsmosds. Stateyrsmosds.
OF MOTHER—	Where was disease contracted,
14. INFORMANT—	if not at place of death?
I do Standly	Former or usual residence
	19. PLACE OF BURIAL OR REMOVAL— DATE OF BURIAL
(Address) Sharkbur Md	0 1
	360 8-1, 1923
15. Filed 19 33	10 CNDERTAKER ADDRESS
(T) / mary E. mann	NAM agan Variable
Registrar	Nound for
21. CERTIFIED AS CORRECT TO COUNTY REGISTRAR BY	Local Registrar



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SIAIL OF M	ARYLAND—	CERTIFICATE OF DEATH 08452
county Willowica		Registration Dist. No. 333
Village or City Saluslum	Z Josel (II	Cund side Culty Comments St., 3 Ward (death occurred in a horpital or final itution, give its NAME instead of street and number)
Length of residence in city or town where death occur.	radyrs,mos	ds. How long in U. S. If of foreign birth?yrsmos,ds
2. FULL NAME Unfanaco	~	
(a) Residence: No. Our house (Usu	alplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGL OR DI	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH 8 /2 .193 3
5a. If married, widowed, or divorcad	mun	(Month) (Day) (Year)
HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased from
(or) wire or auchmous	27	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)		i fast saw h; death is sale
7. AGE Years Months Da	rys if LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
33	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		and weather and are uld
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		freshed small a wal the de
work was done, as SILK MILL, SAW MILL, BANK, etc.	- min	train with . I. K.
10. Date daceased last worked at this occupation (month and year)	Total tima (years) spant in this occupation	I male Sunth Sululary
12. BIRTHPLACE (city or town) Question (State or country)	w	Other Contributory Causes of importance:
II 13. NAME Under		-
E		Name of operation Data of
4 14. BIRTHPLACE (city or town) (State or country)		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cenhan	ın	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town).		Accident, suicide, or homicide? a test tind Date of Injury 6/12 1933
(State or country)	***************************************	Where did injury occur? Thirlin 3 - Salisly, winner
17. INFORMANT		(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)		railrand track
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury train much
Place solution and Date .	lug/2,1953	Nature of injury sufficients and sould
19. UNDERTAKER AS SUNDILLUMO (Address)	al made	24. Was disaase or injury in any way related to occupation of deceased?
20, FILED Mig 12, 19.33 (1.71)	ray Jumes	(Signed) S. 7 / while, Curring M. I
	Registrar.	T. (Address) Salishing mad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

494 474		

(N	CORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA.	
FOR BINDING	IS A PERMANENT RE	stated EXACTLY.	properly classified. Exa	certificate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PEATNLY,	mation should be car	CAUSE OF DEATH	TION is very import:

L'Ollnty / /	10 A D	-		Posintastica Dist. No.	1 336
0-	comel	n.		Registration Dist. No	1
Village or C	City William	an Illa	Scole (11	No No I death occurred in a hospital or institution, give its NAME instead of stre	St.,Ward eet and number)
Length of resi	idence in city or town where	death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAI	ME Georg	2//	Willias	mo	
(a) Residen	ice: No. Delha	and I		St., Ward.	
		4-1	e of abode)	If nonresident give city or to	
	AL AND STATIST			MEDICAL CERTIFICATE OF DEA	TH
s, SEX	4. COLOR OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH 2 27 augus	100 32
male	1 a a	Jung	e	(Month) (Day)	(Yaar)
ie. If merried, widow HUSBANO of	ved, or divorced			22. HEREBY CERTIFY, That I at	ttended daceased from
(or) WIFE of	n	-		My 1 st 1932 10 My 95	7 1937
DATE OF BIRTH	(month, day, and year)/89	6. 19H	Nobto	Has saw harm aliva on Ang 26	93.7 death is said
. AGE Yea		Days	If LESS than	to have occurred on the date state above, at I Pm.	
36	16	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importan	ce
8 Trade profe-	ession, or particular		1 01	were as follows:	Oate of onset
kind of v	work dona, as SPINNER, , BOOKKEEPER, etc		>	1/2 of lungs?	onder
9. Industry or	business in which s done, as SILK MILL,	91			
SAW MII	LL, BANK, etc.	Lakea	ua	-	
10. Uata deceas	ed last worked at pation (month and	sp.	time (years) ent in this supation		
		OC	Supativii		
this occu	10.1			Other Coatributory Causes of importance:	
year)	ity or town) Dels	nan		Other Coatributory Causes of importance:	
year)	ity or town) Dels	101.		Other Coatributory Causes of importance: - Bulwhyse of Alust	for made
year)	ity or town) Dels	illiam		Other Contributory Causes of importance: Sulvhyn of flust	for man
year)	ity or town) Delan ntry) Ind Cafell USE E (city or town) Dela	lliam		Enlower of Plust	In Man
year) 12. BIRTHPLACE (ci (State or county) 13. NAME 14. BIRTHPLACE (State or	ity or town) Delan ntry) In de Cafele USE E (city or town) Dela r country) Since	illiam		Enlower of Plust	
year) 12. BIRTHPLACE (ci (State or county) 13. NAME 14. BIRTHPLACE (State or	ity or town) Delan ntry) In de Cafele USE E (city or town) Dela r country) Since	lliam man		Name of operation Down What test confirmed diagnosis? Was the 23. If deeth was due to external causes (VIOLENCE) fill in also the fi	ere an autopsy?
year) 12. BIRTHPLACE (ci (State or coul) 13. NAME 14. BIRTHPLACE (State or (State or 15. MAIDEN NA 16. BIRTHPLACE	ity or town) Delan intry) In de E (city or town) Dela r country) June E (city or town) Delan E (city or town) Delan	Mian Hea		Name of operation Di What test confirmed diagnosis? Was the	ere an autopsy?
year) 12. BIRTHPLACE (ci (State or coul) 13. NAME 14. BIRTHPLACE (State or C) 15. MAIDEN NA 16. BIRTHPLACE	ity or town) Delan ntry) In de Cafell Use E (city or town) Dela r country) June AME Januare	Mian Hea		Name of operation Di What test confirmed diagnosis? Was th 23. If deeth was due to external causes (VIOLENCE) fill in also the f Accident, suicide, or homicide? Oata of injury. Where did injury occur?	ere an autopsy? following: , 19
year) 12. BIRTHPLACE (ci (State or coul) 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NA 16. BIRTHPLACE (State or (State or	ity or town) Delan intry) In de E (city or town) Dela r country) June E (city or town) Delan E (city or town) Delan	Illiam Hea		Name of operation	following:, 19
12. BIRTHPLACE (ci (State or coul) 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NA 16. BIRTHPLACE (State or 16. BIRTHPLACE) 17. INFORMANT (Address)	ity or town) Delan intry) Cafell Mile E (city or town) Dela r country) AME E (city or town) Dela L country) Ame Ame Ame Ame Ame Ame Ame Am	Iliam Mea Mea Millian	na hel	Name of operation Diameter of the Name of the	following:, 19
year) 12. BIRTHPLACE (ci (State or county) 13. NAME 14. BIRTHPLACE (State or Carlotte or Carlotte) 15. MAIDEN NA 16. BIRTHPLACE (State or Carlotte) 17. INFORMANT (Address) 18. BURIAL, CREMAT	ity or town) Delannity) Papel UC E (city or town) Delannity) AME E (city or town) Delannity) E (city or town) Delannity L country) TION, OR REMOVAL	Illiam Mea	na Hel	Name of operation	following:, 19
12. BIRTHPLACE (ci (State or coul) 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NA 16. BIRTHPLACE (State or 16. State or 17. INFORMANT	ity or town) Delan intry) Cafell Mile E (city or town) Dela r country) AME E (city or town) Dela L country) Ame Ame Ame Ame Ame Ame Ame Am	Hear Hear Charles and Control		Name of operation	oree an autopsy?
12. BIRTHPLACE (ci (State or coul) 13. NAME 14. BIRTHPLACE (State or CState or CSTATE OF CSTAT	ity or town) Delannity) Papel UC E (city or town) Delannity) AME E (city or town) Delannity) E (city or town) Delannity L country) TION, OR REMOVAL	Illiam Mea	na Hel	Name of operation	ore an autopsy?
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EUZRAU V.S				
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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis 2 - 2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULETOVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where deeth occurred How long In U.S. if of foreign birth? ______yrs. ____mos. ____ds. statement mos. (a) Residence: No (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATHS 5. SINGLE, MARRIED, WIDOWED DIVORCED (write the word) (Year) classified. BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of near 6. DATE OF BIRTH (month, day, and year) daath is said properly 7. AGE Months Days If LESS than to have occurred on the deta stated above, et FOR I day, ____hrs. The PRINCIPAL CAUSE OF DEATH end ralated causes of importence or.____min. were as follows: Date of onset 8- Trede, profession, or particular HIS NO kind of work done, as SPINNER, be RESERVED be Ju SAWYER, BODKKEEPER, etc ... OCCUPAT may back plnods 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ARGIN 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation. plain (State or country) efully What test confirmed diagnosis?_ Was thara an autopsy? MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: in car Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) Date of Injury. OF DEATH (State or country Whare did injury occur?__ (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Addrass) 18, BURIAL, CREMATION, DR REMOVAL Menner of injury CAUSE mation TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, spacify B. (Signed) Z Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory eauses of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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